

# Colorado Medical Assistance Program

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

As a Colorado Medical Assistance Program client, some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing. The Department is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The Department is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may effect all health information maintained by the Department. If our privacy practices change, you will be mailed a new Notice. The updated version will also be available on the Department's web site (http://www.chcpf.state.co.us).

#### PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

**Treatment:** We will use and share your health information to ensure you are provided medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is giving you health care.

**Payment:** We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

**Health Care Operations:** We will use and share your health information for Department operations necessary to make sure our clients receive quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices.

**Legal Requirements:** We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

**Research:** Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

**Health Oversight Activities:** We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

Workers Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

**National Security and Intelligence Activities:** We may share your health information to authorized federal officials for activities related to national security and special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official for the purposes of health care or safety.

Other uses or sharing of your health information will be made only with your written authorization.



## Colorado Medical Assistance Program

#### **YOUR HEALTH INFORMATION RIGHTS:**

**Right to See and Get a Copy of Your Health Information:** You may see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only provide those records that were created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

**Right to Request that We Correct Your Health Information:** If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to amend your information.

**Right to a List of Disclosures Made of Your Health Information:** You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. No disclosures made prior to April 14, 2003 will be provided.

**Right to Request that Your Health Information be Communicated in a Confidential Manner:** You may request, in writing to the Department's Privacy Officer, that your health information be provided in a confidential manner, such as sending mail to an address other than your home. The Department will honor reasonable requests.

**Right to Request that We Not Use or Share Your Health Information:** You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to the Department's Privacy Officer, and we will consider your request but we are not legally required to accept it.

**Right to a Copy of the Notice:** You may ask for a copy of this Notice anytime.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer State of Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203 303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

THE DEPARMENT CANNOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IN ANY WAY IF YOU FILE A PRIVACY COMPLAINT.

This Notice is effective as of April 14, 2003.